

	<p align="center">SOLICITATION AMENDMENT</p> <p>Solicitation Number: <u>RFP YH07-0001</u></p> <p>Amendment Number 4 (Four)</p> <p>Solicitation Due Date: March 31, 2006 3:00 PM (MST)</p>	<p>Arizona Health Care Cost Containment System (AHCCCS) 701 East Jefferson, MD 5700 Phoenix, Arizona 85034</p> <p>Contract Management Specialist: Jamey Schultz, CMS E-mail: Jamey.Schultz@azahcccs.gov</p>
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A signed copy of this amendment shall be included with the proposal, which must be received by AHCCCSA no later than the Solicitation due date and time. This solicitation is amended as follows:

AHCCCS has received the following questions and has responded accordingly.

- Section J, Paragraph C, Page 193: Should this roster only list PCP's (physicians, nurse practitioners and physician assistants)? If so, in which roster do we list ancillary services? How do we indicate a provider is a PCP?

“The Acute Services Network Roster is to include all acute care services including ancillary services other than specialists. PCPs will be identified by provider type. See Section J, Exhibit C, Network Roster Instructions.”
- Section J, Paragraph C, Page 193: Should this roster include only specialists and no ancillary services?

“The Acute Services Physician Specialist Only Network Roster is to include physician specialists only. For example, cardiologists, pulmonologist, etc. See Section J, Exhibit C, Network Roster Instructions.”
- Addition to Amendment 3, Question #88 response relating to the effect on rate development for Section G and Section V (Non-Vent Databook) when data sources differ in totals of non-duals and dual members.

“AHCCCS intends to compare PMPM costs based on databook member months (enrollment segment logic) to the PMPM cost data (point-in-time logic) before finalizing capitation rates for 10-1-2006. Capitation rate submissions for this RFP should be based on the data as provided in the Bidder's Library.”

REPLACE Amendment #1 attachments, Form 1, Chief Financial Officer Attestation Statement and Form 2, Chief Financial Officer and Actuary Attestation with Amendment 4 attachments.

Offeror hereby acknowledges receipt and understanding of this Solicitation Amendment.		This Solicitation Amendment is hereby executed this 21st day of March, 2006, in Phoenix, Arizona.
Signature	Date	Signed Copy in Contract File
Typed Name and Title		Michael Veit
		Contracts and Purchasing Administrator
Name of Company		

Form 1: CHIEF FINANCIAL OFFICER ATTESTATION STATEMENT

This Attestation Statement is to be used when the published capitation rate is accepted. Each Offeror will be required to submit this Attestation Statement for each county in which the Offeror has accepted the published rate.

Capitation Rate Attestation Statement

From

(Name of Offeror)

To The

Arizona Health Care Cost Containment System

I hereby attest that I have reviewed the capitation rates submitted for:

GSA:

County:

I agree that the rates are reasonable for the services to be covered by the ALTCS 2007 RFP YH07-0001, based on the data provided by AHCCCS. I have accepted the data without audit and have relied upon AHCCCS for the accuracy of the data. Failure to sign the Attestation Statement will result in AHCCCS' non-acceptance of the capitation rate portion of the ALTCS 2007 RFP YH07-0001. I also understand that the published capitation rates are subject to change as noted in Section D, ¶82, Section J, Exhibit D and other areas of the RFP proposal.

(Chief Financial Officer's Signature)

(Date)

Form 2: CHIEF FINANCIAL OFFICER AND ACTUARY ATTESTATION STATEMENT

This Attestation Statement is to be used when submitting a capitation rate bid proposal. Each Offeror will be required to submit this Attestation Statement for each county in which the Offeror has submitted a proposed capitation rate bid.

Capitation Rate Attestation Statement

From

(Name of Offeror)

To The

Arizona Health Care Cost Containment System

We hereby attest that we have reviewed the capitation rates submitted for:

GSA:

County:

We agree that the rates are reasonable for the services to be covered by the ALTCS 2007 RFP YH07-0001, based on the data provided by AHCCCS. We have accepted the data without audit and have relied upon AHCCCS for the accuracy of the data. Failure to sign the Attestation Statement will result in AHCCCS' non-acceptance of the capitation rate portion of the ALTCS 2007 RFP YH07-0001. We also understand that the awarded capitation rates are subject to change as noted in Section D, ¶82, Section J, Exhibit D and other areas of the RFP proposal.

(Chief Financial Officer's Signature)

(Date)

(Actuary's Signature, Affiliation)

(Date)